



First Steps

2007–2008

Request for Funds

IDEA Due Process Changes Implementation

The Bureau of Child Development Services (BCDS) is accepting proposals for the 2007-2008 contract funding year. Enclosed in the RFF Packet are the required documents needed to submit a response.



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Deposit Form (PDF fill-in)

INTRODUCTION AND GENERAL SUBMISSION INSTRUCTIONS

BACKGROUND AND PURPOSE:

Through the Individuals with Disabilities Education Act (IDEA), Part C, the Bureau of Child Development Services is making funds available to provide technical assistance and support in the interpretation and implementation of due process changes resulting from the reauthorization of IDEA. Specific activities to be completed through this contract are as follows:

- Establish a process for due process, mediation, and complaint issues
- Provide documentation of process for internal and external audiences
- Serve as lead mediator and due process officer, as needed
- Train an additional due process officer
- 2nd officer to serve as mediator or due process officer, as needed

CANDIDATE REQUIREMENTS:

The successful candidate for the Due Process and Complaint Coordinator must have a minimum of 3 years professional experience within Early Intervention/Special Education. In addition, this person must have working knowledge of IDEA and its reauthorization requirements. Person must also have thorough understanding of the principles and practices of due process, conflict resolution, and mediation.

Candidate resumes must be submitted to the state and each person must be approved by the state before fulfilling roles in this contract.

- **Please note that the deadline for submission of RFF responses is June 29, 2007.**
All clarifications to the RFF must be submitted and approved prior to initiation of the contract; target date for contract is October 1, 2007. The Fiscal Agent has the authority to negotiate all sub-contracts.
- The contract is built upon a performance – based system. Performance standards will be written into the terms of the contract. Reimbursement will be contingent on the ability of the contractor to perform required activities and meet performance standards.
- The travel reimbursement rate is limited to 40 cents per mile.
- The contract will be written for a one-year period with an option for the State to renew the contract annually for up to 3 years.
- Fiscal Agents will submit claims and supporting documentation.
- All claims submitted on the claim form must be within the same calendar month.
- Fiscal Agents will receive payment through Direct Deposit. A Direct Deposit form must be submitted with the Response Packet.
- Claims submitted after 60 days may be denied.
- When submitting the RFF response, please include the **original and one copy** to:

**Bureau of Child Development Services
First Steps Request for Funds – Due Process
402 W. Washington Street MS-02
Rm. W-386
Indianapolis, IN 46204-2739
Attn: Mary Chalmers**

- Allocations are maximum allowable funds that will be drawn down as expenses are incurred.
- Please submit all documents indicated on the submission checklist by the deadline indicated above. No contract will be written until the response packet and any clarifications are fully approved.

SUBMISSION CHECKLIST

Following are the documents needed for submission to the BCDS for the approval process. The respondent should utilize the checklist to ensure the RFF Response packet is complete when submitted to the Bureau:

- ☐ Fiscal Agent letter of intent
- ☐ Certification Statement and Assurances Signature Page
- ☐ FSSA Provider Data Form
- ☐ W-9 Form
- ☐ Direct Deposit Form
- ☐ Minority and Women's Business Enterprise Subcontractor Commitment Form
- ☐ Budget Summary, Parts 1 and 2
 - ☐ Administrative allowance (Fiscal Agent) is 5% or less
- ☐ Budget Narrative
- ☐ Narrative description addressing activities identified in RFF
- ☐ Timeline of deliverables

FISCAL AGENT LETTER OF INTENT

FISCAL AGENT INFORMATION:

<u>Legal Name:</u>	
<u>Contact Person:</u>	
<u>Contract Mailing Address:</u>	
<u>City:</u>	
<u>State:</u>	
<u>Zip Code:</u>	
<u>Phone #:</u>	
<u>Fax #:</u>	
<u>Email Address:</u>	
<u>Federal Employer ID # (EIN):</u>	
<u>Current Contract #:</u>	
<u>Total Dollars Allocated:</u>	

CERTIFICATION STATEMENTS AND ASSURANCES

As a condition of participation for funding through the First Steps Early Intervention System the fiscal agent must make the following assurances. These assurances shall remain in effect throughout the funding period.

1. We assure that the information included in this application is true and correct.
2. We assure that an e-mail account has been established as required in the RFF.
3. We assure that the program components will be implemented according to the narrative and timelines as submitted in the RFF.
4. We assure that records will be maintained as directed by the Family and Social Services Administration. Access will be afforded to the State, as it may find necessary to assure the correctness and to verify reports and proper distribution of funds associated with this application. We understand that records are to be kept in accordance with generally accepted accounting principles.
5. We assure that funds provided under this application will be used to develop and implement processes for due process, mediation, and complaints.
6. We assure that funds provided would not be used to satisfy a financial commitment for services that would have been paid for from another public or private source, but for the receipt of state and federal early intervention funds.
7. We assure that this agency operates in accordance with the nondiscriminatory requirements pursuant to Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; and where applicable, the Omnibus Budget Reconciliation Act of 1983.
8. We certify that neither this agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
9. We certify that this agency will maintain a drug-free workplace as described in the Drug-Free Workplace Act of 1988 and the Federal regulations promulgated thereunder.
10. We certify that pursuant to 31 U.S.C., Section 1352, no federally appropriate funds have been paid, or will be paid, by or on behalf of Contractee, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress, in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modifications of any federal contract, grant, loan, or cooperative agreement.

Authorized Official of Fiscal Agent

Date Signed

INSTRUCTIONS FOR FSSA PROVIDER DATA FORM, W-9, & DIRECT DEPOSIT

See Attachments for Each Form

FSSA PROVIDER DATA FORM – This form is required. It is used to complete information required on the contract documents and also to help us keep our information updated. The Director box should identify the highest authority in your organization, for example, the Executive Director, CEO, etc.

W-9 Form – This form is required by the Auditor of State. It is used to maintain a file of claims payment addresses. This form must be completed with the legal name, d/b/a, if appropriate, and the address where claims forms can be sent. It must be signed and the original is to be submitted to FSSA. FSSA cannot begin to develop a contract without this form.

Direct Deposit Form – This form is required. Section 1 and Section 2 must be completed and the original is to be submitted to FSSA. **HOW DIRECT DEPOSIT WORKS** – Normally, the Auditor of State's Office only allows one bank account to be direct deposit. This means that if you have several different contracts with the State of Indiana and you submit a direct deposit request, all funds that pass through the Auditor's Office will be direct deposited into that account. Claims Management will send a warrant summary notice advising what funds was deposited into your bank account. This information will usually follow the deposit by 2-5 days. The automated deposit feature usually saves about five days processing time.

MINORITY & WOMEN'S BUSINESS ENTERPRISES SUBCONTRACTOR COMMITMENT FORM

In accordance with 25 IAC 5-5, the contract goal for this solicitation, if it is for a purchase from the Good and/or Service Industry, is 3% for Minority participation and 3% for Women participation. It is the intent of IDOA Procurement Division to meet or exceed the above mentioned M/WBE goals. If participation exists the vendor must submit with its quote/bid a MWBE Subcontractor Commitment Form. The Form must show that there are, participating in the proposed contract, Minority Business Enterprises (MBE) and Women Business Enterprises (WBE) listed in the Minority and Women's Business Enterprises Division (MWBED) directory of certified firms located at www.buyindiana.in.gov. If participation is met through use of vendors who supply products and/or services directly to the Respondent, the Respondent must provide a description of products and/or services provided that are directly related to this quote/bid and the cost of direct supplies for this quote/bid. Respondents must complete the Subcontractor Commitment Form in its entirety.

The Department reserves the right to verify all information included on the MWBE Subcontractor Commitment Form.

Respondents are encouraged to contact and work with MWBED at 317-232-3061 to design a subcontractor commitment to meet established goals as referenced in this solicitation.

Prime Contractors must ensure that the proposed subcontractors meet the following criteria:

- Must be listed on the IDOA Directory of Certified Firms
- Each firm may only serve as once classification – MBE or WBE
- A Prime Contractor who is an MBE or WBE must meet subcontractor goals by using other listed certified firms. Certified Prime Contractors cannot count their own workforce or companies to meet this requirement.
- Must serve a commercially useful function. The firm must serve a value-added purpose on the engagement.
- Must provide goods or service only in the industry area for which it is certified as listed in the directory at www.buyindiana.in.gov
- Must be used to provide the goods or services specific to the contract
- National Diversity Plans are generally not acceptable

MINORITY & WOMEN'S BUSINESS ENTERPRISES SUBCONTRACTOR LETTER OF COMMITMENT

A signed letter(s), on company letterhead, from the MBE and/or WBE must accompany the MWBE Subcontractor Commitment Form. Each letter shall state and will serve as acknowledgement from the MBE and/or WBE of its subcontract amount, a description of products and/or services to be provided on this project, and approximate date the subcontractor will perform work on this contract.

By submission of the quote/bid, the Respondent acknowledges and agrees to be bound by the regulatory processes involving the State's M/WBE Program. Questions involving the regulations governing the MWBE Subcontractor Commitment Form should be directed to: Minority and Women's Business Enterprises Division at (317) 232-3061 or mwbe@idoa.in.gov.

STATE OF INDIANA MBE/WBE SUBCONTRACTOR COMMITMENT FORM

RFP/BID/QUOTE# _____

DUE DATE: _____

TOTAL BID AMOUNT: _____

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
Company Name:		Contact Person:	
Address:		E-mail:	
Sub-Contract Amount:		Telephone Number: ()	Fax Number: ()
Sub-Contract Percentage of Total Bid:		Describe service/product to be provided:	
Provide approximate dates when Sub-Contractor will perform on this project:			

<input type="checkbox"/> MBE Firm <input type="checkbox"/> WBE Firm			
Company Name:		Contact Person:	
Address:		E-mail:	
Sub-Contract Amount:		Telephone Number: ()	Fax Number: ()
Sub-Contract Percentage of Total Bid:		Describe service/product to be provided:	
Provide approximate dates when Sub-Contractor will perform on this project:			

Respondent Firm

Address

City/State/Zip Code

Representative

Date

Telephone Number

Fax Number

Email Address

Authorizing Signature

Printed Name and Title

☐ Please check if additional forms are attached.
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FORM MUST BE COMPLETED IN ITS ENTIRETY WITH COMPLETED LETTERS OF COMMITMENT.

BUDGET SUMMARY INSTRUCTIONS

A budget summary must be completed

BUDGET ITEM SUMMARY: Budget items are to be included for each major funding category (Part C, Other, or In-kind) to indicate the budget required to administer this grant activity.

PERSONNEL SUMMARY: List each position title that will be working directly with this grant and the funding attached to the position **regardless of whether it is a salaried or contract position.**

BUDGET NARRATIVE: Attach a budget narrative which identifies the sources and dollar amounts of Part C, Other, and In-Kind contributions used to support this grant activity, the basis for and what's included in your fringe benefits. List any service you plan to contract for. List any equipment you plan to purchase with First Steps funds. List the basis for your travel budget (mileage/per diem rates must be at or below State reimbursement of 40 cents per mile). Include a copy of your approved **indirect cost plan**, and include the basis for the other costs under 3. **Explain how the budget is within scope of the project.**

LINE ITEM DEFINITIONS:

1. **PERSONNEL SALARIES AND FRINGE/CONTRACTED SERVICES:** The amount needed to pay for the salaries and fringe benefits of those people performing grant activities. **Include the definition of a FTE (i.e., 1 FTE = 37.5 hrs. per week).** The amount needed to pay for contracted services for this grant activity. **A written agreement (contract) must be on file with the Bureau of Child Development Services which specifies the service(s) to be purchased, the content, and the rate of costs** for all contracted services.
2. **MATERIALS, SUPPLIES AND EQUIPMENT:** The amount needed to pay for the materials and supplies cost for this grant activity. PR materials not clearly related to the successful achievement of an outcome will not be considered appropriate expenditures. The amount needed to pay for the equipment to be used for this grant activity. Equipment is an article of non-expendable tangible personal property with a unit cost of \$500 or more and a useful life of two years or more. Title to the equipment is vested to the State. Prior approval is considered received on items purchased at a cost of \$1,000 to \$2,499 if it was noted in the original budget. Items purchased at a cost of \$2,500 or more require separate prior approval and must be made in accordance with standard procurement procedures.
3. **ALL OTHER DIRECT COSTS:** Rent, utilities, telephone postage, travel and other costs (Other costs are direct costs which cannot be included in the other three line items but which are associated with this grant's activity).
4. **INDIRECT COSTS:** The amount needed to pay for costs associated with this grant's activities not practically charged on a direct basis and therefore budgeted in accordance with **an approved cost rate or a cost allocation plan**. A copy of the cost plan must be submitted with the original budget for this grant. (Administrative cost is limited to **5% cap or less**)

The budget is the basis on which funds will be spent. If any line item is modified by 10% or more over the course of the contract, prior approval must be obtained. This does include the increase or decrease of any individual line items. Budget amendments must be submitted and approved prior to expenditure of the funds. Amendment requests must be submitted to the consultant allowing adequate time for review. Amendment requests submitted after 5-31-2008 will not be approved.

BUDGET SUMMARY – FIRST STEPS EARLY INTERVENTION SYSTEM, Part 1

Reporting Period FY 2007 - 2008

	Part C	Other	In-kind	Total
1. Personnel/ Contracted Services				
2. Materials, Supplies and Equipment				
3. All other Direct Costs				
4. Indirect Costs				
Total Budgeted				

BUDGET SUMMARY – FIRST STEPS EARLY INTERVENTION SYSTEM, Part 2

Reporting Period FY 2007 - 2008

PERSONNEL SUMMARY (Include all contracted and employed staff)

Position/Title/FTE	Part C	Other	In-kind	Total
Total Budgeted				

BUDGET NARRATIVE

1. Personnel Salaries and Fringe / Contracted Services:

2. Materials, Supplies and Equipment:

3. All Other Direct Costs:

4. Indirect Costs (including Cost Allocation Plan):